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Além da rede de saúde mental: entre desafios e potencialidades

Beyond mental health's network: between challenges and potentialities

Más allá de la red de salud mental: entre desafíos y potencialidades

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ABSTRACT

Objective: To evaluate the challenges and the potentialities of the network of mental health from the Family Health Strategy. **Methods:** It is a descriptive and exploratory study, with qualitative methodological approach. The data collection occurred in the period of April to May 2012 in Family Health Units in the city of Pelotas/RS. There were performed semi-structured interviews with six managers, which were recorded and transcribed verbatim. **Results:** The challenges are highlighted by: lack of support from management, excessive use of psychotropic drugs, some professionals do not know their users and lack of communication on the network. The potentialities are: the recognition of the involvement of professionals with the actions of mental health and the concern of managers with the practices of mental health within their services. **Conclusion:** The care involves many social actors that need to work in network to mitigate the challenges and strengthen the potential to affect the care.

Descriptors: Mental health services, Family health program, Intersectoriality, Mental health, Reform of the health services.

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RESUMO

Objetivo: Avaliar os desafios e as potencialidades da rede de saúde mental a partir da Estratégia de Saúde da Família. **Método:** Estudo descritivo e exploratório, com abordagem metodológica qualitativa. A coleta de dados ocorreu no período de abril a maio de 2012 em Unidades de Saúde da Família no município de Pelotas/RS. Foram realizadas entrevistas semiestruturadas com seis gestores, as quais foram gravadas e transcritas literalmente. **Resultados:** Os desafios são apontados pela: falta de apoio da gestão, uso excessivo de psicofármacos, alguns profissionais não conhecem seus usuários e falta comunicação na rede. As potencialidades são: o reconhecimento do comprometimento de profissionais com as ações de saúde mental e a preocupação dos gestores com as práticas de saúde mental dentro dos seus serviços. **Conclusão:** O cuidado envolve muitos atores sociais que precisam trabalhar em rede para amenizar os desafios e fortalecer as potencialidades para efetivar o cuidado.

Descritores: Serviços de saúde mental, Programa Saúde da Família, Intersetorialidade, Saúde mental, Reforma dos serviços de saúde.

RESUMEN

Objetivo: Evaluar los desafíos y las potencialidades de la red de salud mental a partir de la Estrategia de Salud de la Familia. **Métodos:** Consiste en un estudio descriptivo y exploratorio, con abordaje metodológica cualitativa. La recopilación de datos ocurrió en el periodo de abril a mayo de 2012 en Unidades de Salud de la Familia en el municipio de Pelotas/RS. Fueron realizadas entrevistas semiestruturadas con seis gestores, las cuales fueron grabadas y transcritas literalmente. **Resultados:** Los desafíos son apuntados por la falta de apoyo de la gestión, uso excesivo de psicofármacos, algunos profesionales no conocen sus usuarios y falta comunicación en la red. Las potencialidades son: el reconocimiento del comprometimiento de profesionales con las acciones de salud mental y la preocupación de los gestores con las prácticas de salud mental dentro de sus servicios. **Conclusión:** El cuidado envuelve muchos actores sociales que necesitan trabajar en red para amenizar los desafíos y fortalecer las potencialidades para efectuar el cuidado.

Descriptores: Servicios de salud mental, Programa salud de la familia, Intersectorial, Salud mental, Reforma de los servicios de salud.

INTRODUCTION

The Brazilian Psychiatric Reform (RPB), in its political dimension, appears at the end of the 70's at the core of the wider process of health reform and social movements linked to the fight against the dictatorship. It is through the RPB that the extinction of psychiatric hospitals and a care free are fight, which is being formed a mental health network in place before the current model.¹⁻²

The ideals of psychiatric reform are committed to the achievement of a more egalitarian society that respects differences between people. It is through deinstitutionalization, psychosocial rehabilitation and social reintegration of individuals in psychological distress that will be guaranteed to citizens of these.³ It is in this context that the reborn hope of rescuing the experiences broken by hospital-centred model.

The challenge emanating from the mental health care is great, because necessary spaces in society are needed to

ensure the rehabilitation of the individual, respect for life and freedom. Thus, the call for open service enables a humanized care to the subject in its territory, and challenging, as it does not put the subject confined to a psychiatric hospital, but brings to society to live with differences.

According to the extracted official view of the Ministry of Health documents, Federal Government, the care in freedom needs a mental health network of Psychosocial Care Center (CAPS) type I, II and III, Psychosocial Care Alcohol Center and other Drugs, Children's Psychosocial Care Center, Residential Therapeutic Services, assistance Center Family Health (NASF), Mental Health Clinics and beds in general hospitals.⁴ They must have also care in Basic Health Units (ABS), Living Centers and income-generating cooperatives, advocating care in the territory and open services.

However, the mental health network goes beyond specific service area and must work seamlessly to other sectors that enable the care and intensify activities in primary care. Thus, we emphasize the importance of health care services in the care of people in psychological distress and agree that they can and should socialize, communicate and integrate externally to other public policies such as education, sanitation, employment and income, enabling a set of cross-sectoral actions, forming a healthy city.⁵

Thus, access to services is a result of the creation of health and shared accountability of state strategies, generating the municipality a sustainable network of care to comprehensive health care.⁶ In this context, care in Mental Health should start in the subject of the territory, from the Family Health Units, heading towards an intersectoral network when needed.

For Souza, the mental health care in the Family Health Strategy (FHS) enables and requires professional involvement with the user, be responsible for psychological distress, engage and empathize with the other.⁷ Therefore, it is necessary to link to the other, it takes availability, empathy, listening and commitment to the subject-other and you in relation to health care.

Finally, the health care of service needs networks capable of finding solutions to the challenges that arise in the daily relations of the territory, because working the mental health of individuals is an arduous task that requires professional commitment and ability to handle the opportunities and challenges that arise in this field.

Thus, this study aimed to assess the challenges and potential of the mental health network in view of the Family Health Strategy coordinators to promote comprehensive care.

METHOD

This study presents research data entitled "The formation of the mental health network in view of the coordinators of the Family Health Strategy." The same was done through an exploratory and descriptive research with qualitative approach. Qualitative research works with the universe of meanings, aspirations, motives, beliefs, values and human

attitudes. Thus, it gives opportunity to a high level of meanings, constituting a set of human actions understood as part of a social reality that allows you to view the human being by their way of acting and thinking and how this plays these relationships from its reality.⁸

The subjects were six coordinators of Health Units in the city of Pelotas family. The selection criteria were: to be ESF coordinator and agree to participate in the study. The city of Pelotas has an estimated population of 328,865 inhabitants, divided into seven geographical regions.⁹ The region called *Três Vendas* was chosen for this research to be the macro-less *per capita* income, according to IBGE data, and its large population increase in recent years.

Data collection occurred from April to May 2012. It was used as instrument a semi-structured questionnaire with open questions, in view of the objectives of the study, and a recording device. In the analysis phase, the interviews were verbatim transcribed, grouped into thematic and analyzed paying attention theoretical basis for the relationship with the study objectives.

Ethical principles were respected, according to Resolution 196/96, and the project was approved by the Ethics Committee of the Nursing School of the Federal University of Pelotas in the opinion nº 24/2012. Participants were identified with the letter G (managers) and the number corresponding to the order of the interview. They signed the consent form, ensuring anonymity.

RESULTS AND DISCUSSION

Challenges of Mental Health Network

Currently, the main generators of psychological distress in humans occur by poverty, lack of housing, employment and income of the population, which are reflections of social inequalities present in society. That is, there are problems that go beyond the field of mental health and SUS itself and that are related to public policies of social welfare in which, in theory, make available to citizens access to goods and services considered rights of all.¹⁰

It is, therefore, necessary that the SUS comprehensiveness principle is guaranteed by connecting the healthcare network services and their interdependencies, given the fact that none of them has the set of resources and skills needed to solve a population health problems its entirety. Thus, it is urgent and necessary to integrate health network policies in other sectors that are related to the determinants of health-disease process, not limited to the health sector.¹¹⁻¹²

In this sense, one of the biggest challenges for the consolidation of the SUS principles is the low public funding, the contradictions between training and health education policies and the needs of the public system, in addition to unresolved management issues. These are the major obstacles in the consolidation of health networks.¹²

Thus, engineers visualize the lack of system support and challenges of the network, which is one of the main problems

for the consolidation of care. This challenge is observed by the precariousness of human resources, physical infrastructure and basic supplies for daily work. Also, you can see that the absence of these resources generates psychological distress in the pros.

"This here is the association's headquarters [...] the post we do not have. I need space, I must have at least a place for people to do their thing." (G1)

"I think they have the possibility of a very good job, but I still see much a great need to support those workers in the network [...] To develop a work, good workshop instructors, the material provision. It's no use I have a professional and the professional has not how working right." (G3)

"Sometimes I leave too tired emotionally, we need a support from the system and we do not have it." (G4)

The work in a loosely structured network with lack of human resources, physical infrastructure and support of local management hamper the network changes and can lead to psychological distress even to health professionals. Thus, in a survey conducted by Onocko Campos et al, it was noted that the causes of suffering for the team are: contact with the social needs of users; lack of resources; the great demand; the difficulties of dialogue between the core network; institutional hierarchy, among others.¹³ These causes are the same as observed by the coordinators of ESF this research.

Another important topic emphasized by all engineers was the shortage of human resources in the network, making it difficult to work and care to users.

"The staff was, think about six, seven months here in CAPS, not so much, without a psychiatrist. And a CAPS that welcomes a whole region, I think we have a psychiatrist only." (G1)

"We do not have professionals enough and, when we have, not everyone is engaged. So the challenge he gets there at the base that is the Basic Units after he already goes to middle level would be the CAPS and other services arriving at the Health Department in Pelotas Prefecture." (G4)

"Must have human material [...] I understand that as a municipality fails, local management, because we know places that it works and works very well." (G6)

A research review conducted with CAPS in southern Brazil also highlighted the lack of material for the daily work vehicle for support in home visits, lack of medications and the

lack of human resources in some services. The lack of human resources was related to low wages, type of employment and the accumulation of jobs for professionals.¹⁴

In addition to these, the difficulties of life for some users of the system may in some discouraging moments and affect the commitment of the professionals. Thus, the needs and welfare restrictions should not be seen as a particular problem the service user, but as a situation that needs to be shared and resolved by all stakeholders.

Thus, there needs to be empathetic professional front to your users, not limited to send the same for other services. The professional should be perceived as responsible for travel on the network, taking the posture of one who deeply knows the regional reality and guide to the enjoyment of services.¹⁵

Shortcomings such as the lack of human resources in the health system, this city can be observed also in the daily life of other services. In this sense, how to take care in the perspective of comprehensiveness in the absence of professional? It really takes a lot of commitment to the challenges facing professional network.

Regarding networking difficulties, it was also identified in the statements of the respondents: an excessive number of psychotropic drug users; the ESF professionals do not know their mental health users; UBS have strength to work mental health; and there is lack of communication between services, thereby generating the difficulties of networking for effective care.

"I think it has 200 envelopes there and everyone takes a diazepam, fluoxetine one understood and I think we did not need if he had such a thing, a mental illness so intense." (G1)

"If you had a better structure in the basic health units right and have a direction and I do not know one, even an engagement of professionals working in health I think that mental health is still the one that stands out [...] unit health knows no community mental health users only know that demand revenue, thousands of revenue annually understood, but who are these people?" (G3)

"I can tell you that the things that happen here are anxiety and depression is that without a doubt and in a way the use of psychotropic we also see as a very rampant thing often." (G5)

"We note that there is a large number of medication controlled recipes, rather." (G6)

Possibly workers have difficulty recognizing their users due to human resource needs as no ESF of this research was the sheer number of community health workers, and two were no doctors. Also, another important fact raised by

the coordinators was the excessive number of users using psychoactive drugs, such as antidepressants. In the view of the managers themselves, this practice needs to be reviewed, but find it difficult to solve the problem.

Currently, many studies have shown the use of psychotropic drugs, antidepressants and benzodiazepines as unnecessary, often incorrectly being used, making many people dependent on these drugs. Most people who seek health services to request these medications are adults under age 60 who are economically active, the stress of family responsibilities.¹⁶

Thus, the indications and use of these psychotropic drugs should be properly evaluated, because it runs the risk of creating new addicts of psychoactive drugs, and psychological distress. Therefore, the activities within the territories, the informal network, must be valued as many everyday problems, such as loneliness, conflicts of emotional and family reasons can be resolved in these areas, making the use of these drugs unnecessary.

In addition, managers observe the lack of communication between the services that make up the network and resilience of health facilities to work with people in psychological distress.

"I think the communication system, but the fault is more of the units by which our service here certain times we have much, much demand." (G2)

"There is a very high strength of the health strategy of health facilities or not, to work mental health I've been since we had a discussion after a meeting in CAPS and the only person who stood by me was the nutritionist here the post incredible as it seems." (G3)

"It is the commitment and there is the challenge, lack of commitment, which unfortunately I hope it never will hit me, this lack of commitment." (G4)

"I think we have to have more contact as reference and counter reference that we do not have I only know patients when I see here." (G6)

In this perspective, the challenges of networking are great because there is no communication in the user monitoring and even when it is counter-referenced for your Family Health Unit, it does not get continuity in their treatment in many cases.

In this sense, in primary care should be no discrimination in relation to mental disorders, it is necessary to guarantee all citizens the right to care in the community in the least restrictive environment and with the least invasive treatment possible.¹⁷ Therefore, it is necessary the commitments of the actors involved in the care health network.

The organization of networks should not occur in a pyramidal shape, or all services, regardless of their roles and

responsibilities, should serve as the user gateway like a wheel with multiple entry points and multiple connection nodes. Thus, the network nodes should work accessible to the public way, providing a quality care and efficient, meeting the health needs of people.⁶

To move forward in the consolidation of resolving health practices exchange network is required and there needs to be communication between the different services, involvement of stakeholders, managers, professionals and users of SUS. We have to leave the service of origin and go to the search for new formal or informal services that can ensure care.

Potential of the network

The network capabilities must be seen as an act, a way of thinking and move forward to expand alternative services and especially the diverse network that address the real needs of users and their families in their territory, enabling these help to get through their difficulties and crises. Thus, it is necessary to strengthen primary care as a valuable device for public health strategies.¹⁰

Moreover, the dynamics of networking should be a participatory management in meetings and discussion of the work process, open communication between the stakeholders and the user input as a protagonist in the construction of their social welfare. Only thus ensures comprehensive care in mental health.¹⁸

Regarding network capabilities, engineers highlight the work of professionals of CAPS and the ESF as strengthens in the process of health system consolidation.

"It is that some more and some less, but all of them have, but the most power I see is the CAPS I notice that they work fine." (G2)

"The only thing I see positive by the unit so part of us team is that each of us're are perfecting to do the best for the user, trying to accommodate, trying to steer, trying to encourage him to come back to school, that go to work it to participate in an NGO that he participate in a church that he does what he likes." (G4)

"I do not think it's so bad [...] I think the CAPS work well the patient like I ask here." (G6)

According to the speeches of the coordinators you can see that they want to believe and fight for an improvement of the health system through the work of their team and the care provided by CAPS. In addition, there is concern in welcome demand the best possible way to reach them.

The main potential raised by engineers is the work of the CAPS and the ESF, but they emphasize that the challenges are many, as already mentioned in this article. So networking is done through the daily work of each professional in their

ability to carry out exchanges between services and welcome the demand that reaches them. It is understood that the difficulties are many, but the greater those who demand service and therefore it is necessary that the professionals are committed to the job.

Thus, the macro-structural situation of health services and the failure of public health policies exert a strong influence on the practices of service. This, however, should not be an excuse or escape valve for non-compliance of care to the user. Therefore, much can be produced in the living space, it is only required a change in thinking and acting, turning this place into a place of counter-hegemony.¹⁵

Thus, again, it is necessary that public policies are directed towards solving the problems that lead to subjective crises of each person, such as violence, somatization, depression, drug use, among others, providing a way to define and organize the roles and profiles of the various bodies and actors involved in mental health care.¹³ Therefore, it is necessary to integrate different fields, such as, leisure, work, social security and education to meet the demands and complexities of individuals and families.

The need for these problems solving requires the use and connection of informal networks using the territory as a source of production in health. It is necessary that all stakeholders recognize the care of potential in territorial spaces and fight for investments in this environment in which, simply, life is built.

However, what it takes to transform and secure these spaces of territorial care, open and integrated services and effective care? We believe that Silvio Yasui contemplate the answer of this question. It is necessary to re-enchant the everyday work, invent new practices, to rediscover the value of life, re-politicising our doing and get back to being the protagonists who built this story.⁷

Thus, each person, ie a manager/professional, is responsible for this social struggle that aims to guarantee everyone access to health as a whole. Because it, in these areas, from the simplest to the most complex within the society that is the production of welfare in people's lives.

CONCLUSION

The challenges of the network are divided into two areas: the difficulty of networking and lack of management support. The networking difficulties are observed by the excessive number of psychotropic drug users, necessitating the best ratings in the prescription of these drugs and the lack of space in the community to enable care to reduce the use of these substances.

In addition, the ESF professionals do not know their mental health users, possibly because of the number of psychotropic drug users and because the units surveyed

⁷ Information provided by YASUI, S. during a speech at the IX Gathering Catarinense de Saúde Mental. Centro de Eventos – UFSC, Florianópolis/SC. From August 28 to 31 of 2011.

were all without the full number of ACS. Another fact is the resistance of the ESF to work mental health, which may be related to lack of training, lack of physical structure, materials and even of commitment by some professionals, and the lack of communication between services.

Lack of management support can be seen by the lack of human resources, physical infrastructure, inputs and training in mental health. In two ESF there were no doctors and no was the number of full ACS. There is a lack of physical space in the ESF and materials for daily work. The training, in turn, is something indispensable for the consolidation of care practices in mental health in primary care.

The network capabilities perceived by the coordinators consist of the commitment of some professionals, such as the ESF and the CAPS, in doing an effective job. Moreover, it is observed as potential the fact that the subjects of this research are concerned about the mental health issues that are often forgotten in UBS.

Thus, it is understood that care involves many stakeholders, which need to network to facilitate care in the perspective of comprehensiveness. Therefore, the challenges and difficulties should be ameliorated and strengthened capabilities to the success of the demands brought by users of health services.

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